## Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	02/2/2008	Address:	CR 400 W. approx. 150 ft.
Case #:	<u>16-17837</u>		(N) of CR 1100 S.
County:	Miami / (52)		
Type of Laboratory Scizure (check one) §		Seizure Location (check all that apply)	
Chemic	onal Lab al/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
(check all the Lithium Red Photos Planuma Water For Anhydrock Corresing Corresing Corresing Lithium Corresing Corresing Lithium Lithium Corresing Corresing Lithium Lithium Corresing Corresing Lithium Lithium Corresing Lithium Corresing Corresing Lithium Lithium Corresing Lithium Corresing Lithium Lithium Lithium Corresing Lithium Li	nd: Location (bedroom, kitchen, open ainst apply)  n/Ammonia Reaction(s):  osphorous/Iodine Reaction(s):  able Solvents:  Reactive Metal (Lithium):  ous Ammonia: Open No Structure  hloric Acid Gas Generator(s):  ve Acid:  ve Base:  tem and location):		
Yes 0 No *If yes, lax re	er age 18 discovered (check one) (number present)  port to Child Protective Services  t is to be faxed to the following ager	☐ Ephedrin ☐ Retail/M ☑ Other:	
	ment: Galveston V. F.D.	Fax: 765-4	
-	Ith Department: Miami County		Fax: <u>765-473-0285</u>
•	ection Service: N/A	Fax:	
Cima Fiote	Action pervice. <u>Twa</u>		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>T.J. Zeiser</u> Phone <u>765-473-6666</u>			

- \*\* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- \*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.